

CIVIL DISTRICT COURT ANNOUNCEMENT FORM

THIS FORM MUST BE **FILLED OUT IN FULL** AND **RECEIVED NO LATER THAN 5:00 P.M. ON WEDNESDAY OF THE WEEK PRIOR** IN ORDER FOR THE ANNOUNCEMENT TO BE PROCESSED. ANNOUNCEMENT MUST BE E-MAILED TO: TC.CivilDistrictAnnounce@traviscountytexas.gov

Date of Setting: _____;

Cause Number: D-1-____-____-_____

Case Style: _____

Hearing(s)/Trial(s) that are set: _____

Time Estimate (**TOTAL TIME FOR ENTIRE HEARING OR TRIAL**): _____

For Jury docket cases and Family and Civil Monday Long docket cases only:

Has Alternative Dispute Resolution (ADR) been completed or waived by the Court?:

Yes: _____; No: _____ (If Not, Reason? _____)

FOR FAMILY LAW CASES ONLY:

Is/Are Hearing(s) Still Necessary?: Yes: _____; No: _____

(If no, provide reason: _____)

Hearing/Trial Preference: Zoom: _____; In-person: _____ (If so, explain below)

District Judge being requested?: Yes: _____; No: _____

Has an Agreement been filed waiving right to De Novo?: Yes: _____; No: _____

Request for Record to be made of Proceeding?: Yes: _____; No: _____

Reason for In-person hearing: _____

CONTACT INFORMATION IS REQUIRED FOR ALL CIVIL AND FAMILY CASES:

Party Making Announcement: _____
(Specify party type (i.e. Plaintiff/Defendant ; Petitioner/Respondent) **and** Party Name)

Announcing Attorney / Self-Represented Litigant:

Name: _____;

State Bar # (if applicable): _____;

Contact E-Mail Address: _____&

Contact Phone Number: _(____) _____; Alternate:_(____) _____

Opposing Counsel / Self-Represented Litigant:

Name: _____;

Contact E-Mail Address: _____&

Contact Phone Number: _(____) _____; Alternate:_(____) _____

Other Parties / Attorneys

Name: _____;

Contact E-Mail Address: _____&

Contact Phone Number: _(____) _____; Alternate:_(____) _____

Other Parties / Attorneys

Name: _____;

Contact E-Mail Address: _____&

Contact Phone Number: _(____) _____; Alternate:_(____) _____